Complete and send the	his form, together wit	h applicable te	e(s), to: <u>Maii</u> or Fax	(571) 273-2885	or Patents ginia 22313-1450	
INSTRUCTIONS This for appropriate. All fix the sori indicated unless corrections the politication maintenance for notification	m should by used for transessor including the f	smitting the ISSUI Patent, advance ord in Block 1, by (a)	E FEE and PUBLIC lers and notification specifying a new o	CATION FEE (if requ of maintenance fees v orrespondence address	ired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 01/04/2006  PILLSBURY WINTHROP 1600 TYSONS BOULEVARD MCLEAN, VA 22102				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
03/29/2006 TBESHAH2 00000077 033975 09823278				Kataleen M. Smith (Depositor's name)		
M. FR. One.				Vallage VI - Milk (Signature)		
700.00 DA PC:1504 300.00 DA PC:8001 9.00 DA				March 28, 2006 (Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		VTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/823,278	09/823,278 03/29/2001 Dennis L. Montgor				042503 0261929	7295
TITLE OF INVENTION: M	METHOD AND APPARATU	S FOR STREAMI	NG DATA USING	ROTATING CRYPTO		
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional YES		·	\$300	\$1000 ¬	04/04/2006
EXAMINER		ART UNIT		LASS-SUBCLASS		
	N, PAUL E	2137		380-037000		
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Advance Order - # o	<u>)                                    </u>	The Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number 03-3975 (enclose an extra copy of this form).				
a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27.			ALL ENTITY status. See 37 (	
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